

Trigeminal pain

Stanley Rosenberg

Trigeminal pain is intense and can be debilitating.

I remember reading a neurologist's remarks in the magazine "Helse" a few years ago. She said that there was no known cure for trigeminal neuralgia. It struck me at the time because I had already had a few successful treatments helping people out of their trigeminal pain.



Trigeminal pain is often experienced as pains in the teeth and/or pain in the skin of the face. The trigeminal nerve (fifth cranial nerve) has three branches. Each branch has nerve endings in a different area of the skin. In the drawing, you can see the skin divided into the three areas.

But problems with the trigeminal nerve are not limited to pain in the skin of the face and the teeth. The trigeminal nerve has many endings - in muscles and other structures. Some of the functions are sensorial and some are motor function (enervation of muscles).



One muscle (tensor tympani) tenses the eardrum. This muscle also bends part of the way around the Eustachian tube which drains the middle ear. If the muscle is tense in babies, they have trouble draining their middle ear, which often results "middle ear infections". People can have hearing difficulties if eardrum is too tense or not tense enough. Hearing problems often lead to learning problems in young people or communication problems in adults. Fifth cranial nerve dysfunction can also give rise to difficulties in tasting with the front 2/3 of the tongue (sweet and salty tastes). There can also be problems with the production of tears, some of the spit glands and some of mucosal linings of the sinuses.

Harold Magoun, an American osteopath, (medical doctor) in his book on cranial osteopathy described how having a tooth pulled can result in dysfunction of the trigeminal nerve. I read that several years ago. Since then I ask patients coming to me with trigeminal nerve problems if they had teeth pulled out. Most people say no at first. I ask, "what about wisdom teeth or teeth pulled to make room?" They usually answer, "But that was so many years ago" – as if it did not count. All of the trigeminal patients that I have seen have had teeth pulled out. Then I asked them when their

trigeminal problem started. Was a tooth extracted just before their trigeminal pain started? They all said that it came a few months after their visit to the dentist to have one or more teeth pulled out. They seemed surprised by the idea that there might be a connection.

I see trigeminal patients very rarely. There are not many people with this diagnosis. Hearing from a doctor that there is not much that they can do, they usually do not seek alternative treatments. They usually are on heavy doses of pain killers.

In my treatments of trigeminal pain, I work a lot to free up the dysfunction from tension in the fifth cranial nerve. We believe that the fifth cranial nerve works together with the seventh, ninth, tenth and eleventh cranial nerve in what we call the social engagement nervous system. All of these five nerves arise from the same part of the brain, i.e. the brain-stem. In fact the nerves connect with each other in various tracts in the brain stem. This importance of this working together of these 5 cranial nerves was noted by Stephen Porges, PhD, in his Polyvagal Theory which he published in 1996. When one or more of these nerves do not function, the person is prone to states of stress and depression.



Many people in Denmark are stressed. Depression is a growing problem. Most of my adult cranio-sacral patients come with stress symptoms, whiplash or depression. We have good success working physically to free up tensions that could be putting a pressure on one or more of these five nerves.

A large majority of people in Denmark have had teeth pulled out. Perhaps this is because of the governmental subsidy for dental work in adults and free dental care for children in school. Whereas very few of these people have trigeminal neuralgia, most of them have fifth cranial nerve dysfunction. When I ask patients or people on courses if they have had teeth pulled out, they seem surprised. They do not at first seem to think it can matter if it was a long time ago, or if it was just their wisdom teeth. But I believe that tooth extraction and braces on teeth leave their mark on most people. These side effects from dental work persist unless they are treated.

Many of my patients are aware of grinding their teeth at night, or having tension in their jaw during the day. The reason for this is tension in the muscles of mastication. These muscles are tense because of a problem with the fifth cranial nerve which controls these muscles.

The muscles controlled by the fifth cranial nerve are not only active in chewing, but also are used for sucking or swallowing. Looking at their face, their jaw is pulled slightly back and the cheeks are hollowed out. For reasons that I do not understand, their shoulders are pulled forward and their upper chest is hollowed out.

Our treatments usually have a surprisingly positive effect. We get good results by improving the circulation of blood to the brain stem (from the vertebral artery) and by restoring function to the 5th cranial nerve.

When we correct the dysfunction in their fifth cranial nerve, their cheeks fill out, their jaws relax, the lower jaw comes forward, their chest gets deeper and their shoulders fall back into place.

There are two places where the fifth cranial nerve typically gets irritated.

The one is the pterigopalatine fossa, at the back of the hard palate. This is a long narrow groove between the pterigoid process of the sphenoid bone and the palatine bone. In this groove, there is a ganglion, which is a meeting place of many nerve endings from the fifth and the seventh cranial nerves. The problem when



teeth are extracted is that the pterigoid process of the sphenoid bone is moved slightly towards the midline – a millimeter or two. This is enough to put pressure on the nerves. This was described by Magoun fifty years ago. He suggests correcting this by pulling the pterigoid process lateral, out to the side, with a special cranial technique.

The other place is where the nerve goes through small openings in the sphenoid bone. These openings are the foramen ovale and foramen rotunde. ("Foramen" means an opening in the bone. The one opening is round in shape, the other is oval in shape.) Near these two foramen, the petrous part of the temporal bone slides on the sphenoid bone like a modern train on a mono rail. There is a possibility for 2-3 mm. of sliding movement of the one bone on the other.



A problem can arise if the temporal bone as a whole has

moved in towards the midline (as the skull tends to narrow with aging or as a result of accidents resulting in a tension in the tentorium). Some people are more prone to problems here at this sphenopetrosal joint because they have been taken with forceps at birth or had a narrow skull as a child.

We have been getting better to use the specific techniques from our French Osteopathic teacher, Alain Gehin as well as to develop our own sequence of techniques to restore function in the fifth cranial nerve. We combine these techniques in a sequence we call the Social Engagement Protocol. I would advise anyone looking for cranio-sacral therapy treatments for trigeminal nerve problems to make sure that the therapist has been trained in techniques which improve the flow of blood in the vertebral artery, release of the sphenopalatine ganglion and to repositioning of the sphenopetrosal joint.

Very few cranio-sacral therapists in Denmark know these techniques. Therefore, anyone seeking relief from trigeminal pain should make sure that a therapist that they consider using knows two techniques: release of the sphenopalatine ganglion and repositioning of the sphenopetrosal joint.

The only two schools which teach these techniques in Denmark are the Stanley Rosenberg Institute in Silkeborg and Copenhagen and the Alternativ Balance Center with Britta Andersen in Haslev. Not all therapists trained in these two schools know both of these two techniques because they are advanced techniques and one of them has only come into the curriculum in the last 2 years.

Unfortunately, I believe that some cranio-sacral techniques taught in the other schools in Denmark and around the world can actually worsen the problem with fifth cranial nerve neuralgia.

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